

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018364

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 70

Primary Registration District No.

Registrar's No. 30

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kahoka

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Clark

c. CITY OR TOWN Kahoka

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION S. of Kahoka, Mo.

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
R. R. # 2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

MAX

PETE

HEINZE

4. DATE OF DEATH

Month

Day

Year

May

12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-29-1884 77

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Winchester, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fredrick H. Heinze

13b. MOTHER'S MAIDEN NAME

Emiline Gendix

14. NAME OF HUSBAND OR WIFE

Marie Heinze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Ervin Heinze, Kahoka, Missouri

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.H. Sharningo Coroner

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Paul Cemetery

23d. LOCATION (City, town, or county)

Kahoka, Missouri 5-14-62

(State)

24. FUNERAL DIRECTOR

ADDRESS

D. L. Shaffer, Kahoka, Missouri

25. DATE RECD. BY LOCAL REG.

May 25-1962

26. REGISTRAR'S SIGNATURE


J.R. Brians

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 5063

P. O. Address Kelso,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.